

**ST-49 Application for Expanded Temporary Storage Permit****General information**

This permit is available for businesses that engage in centralized purchasing in Illinois. Centralized purchasing is an activity where a business with an Illinois location purchases tangible personal property from Illinois retailers for temporary storage in Illinois but ships the property out of Illinois for use or consumption solely outside the state.

This permit allows you to purchase tangible personal property tax-free from Illinois retailers provided that you purchase the property as part of your centralized purchasing activities.

The exemption also applies to property that will be processed, fabricated, or manufactured into, attached to, or incorporated into other property that is transported outside the state of Illinois solely for use or consumption outside this state.

The exemption does not apply to property that you purchase to be used or consumed in Illinois. Illinois tax is due at the time of these purchases. If you purchase property tax-free under this exemption and subsequently use or consume the property in Illinois, you are required to report the tax due on the purchase at the sales tax rate applicable at the location of the supplier where you purchased the property.

Line-by line instructions for completing this application are on the back of this page.

**What if I have questions?**

If you have questions, call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at 217 785-2825.

**Part 1: Applicant information**

**1** \_\_\_\_\_  
Legal name of business

**2** \_\_\_\_\_  
Doing business as (DBA) name if other than the name on Line 1

**3** \_\_\_\_\_  
Business address (number and street)

\_\_\_\_\_  
City State ZIP

**4** \_\_\_\_\_  
Mailing address (if different from business address)

\_\_\_\_\_  
City State ZIP

**5** \_\_\_\_\_  
Federal employer identification number (FEIN)

**6** \_\_\_\_\_  
Illinois business tax (IBT) number

**7** \_\_\_\_\_  
Contact person Daytime telephone number

**Part 2: Applicant's signature**

Under penalties of perjury, I state that I have examined this application and to the best of my knowledge the information provided is true, correct, and complete. I further state that I am engaged in centralized purchasing activities in Illinois.

\_\_\_\_\_  
Name of the authorized officer or individual (Please type or print.)

\_\_\_\_\_  
Title of authorized officer or individual

\_\_\_\_\_  
Signature of an authorized officer or individual

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Daytime telephone number

**Mail this form to:** **CENTRAL REGISTRATION DIVISION**  
**ILLINOIS DEPARTMENT OF REVENUE**  
**PO BOX 19030**  
**SPRINGFIELD IL 62794-9030**

